



TEXAS
Health and Human
Services

MAC Financial Training

Early Childhood Intervention (ECI)
Mental Health/Intellectual or Developmental Disability (MH/IDD)
Local Health Department (LHD)

HHSC Provider Finance Department – Acute Care

Welcome



- Who is eligible to take today's training?
 - Anyone attending today's training is eligible.
 - No longer conducting Initial vs Refresher training
 - MAC Financial Overviews do NOT count towards training credit
- There will be a RMTS overview during today's training. We recommend that you download the presentation for your program below.
 - RMTS Overview
 - ECI: <https://rad.hhs.texas.gov/sites/rad/files/documents/time-study/2021/2021-ts-eci-overview.pdf>
 - MH/IDD: <https://rad.hhs.texas.gov/sites/rad/files/documents/time-study/2021/2021-rmts-mhidd-overview.pdf>
 - LHD: <https://rad.hhs.texas.gov/sites/rad/files/documents/time-study/2021/2021-rmts-lhd-overview.pdf>
- MAC email address: MedicaidAdministrativeClaiming@hhsc.state.tx.us

Housekeeping



- Today's training can last up to 3 hours. A short break will be provided if necessary.
- Ask questions by sending a message through the chat feature or by emailing us.
- Must be present and attentive throughout the entire training presentation to obtain credit
 - System tracking (time in session, active screen, and polling questions)
 - Must have registered for the training
- Send email to MedicaidAdministrativeClaiming@hhsc.state.tx.us if:
 - Have dual monitors
 - Sitting with coworkers
 - Using an iPad/tablet
- To listen to the presentation, you have two options:
 - Dial in using your telephone: you must use the telephone number, access code, and audio pin found on the right side of your screen
 - Listen through your computer: you must have speakers to listen
- If you experience technical difficulties, please contact Webinar Support at **1-800-263-6317**

Agenda



- Random Moment Time Study (RMTS) Overview
- MAC Participation Requirements
- Allowable Costs for Reporting
- STAIRS-Fairbanks Demonstration
- Important reminders
- Wrap Up and Polling Questions

RMTS Overview

Random Moment Time Study



RMTS Contact Responsibilities



- The RMTS Responsibilities may be found on the HHSC Website at:
- <http://rad.hhs.texas.gov/time-study>

Medicaid Definitions



Medicaid

An entitlement program designed to provide health-related services to categorically needy populations

Medicaid Administrative Claiming (MAC)

Federal Medicaid reimbursement for administrative activities associated with linking recipients to appropriate Medicaid/health-related services

MAC Process



Participant List
Participant
Identification

Determine who
performs MAC
activities

Random Moment
Time Study
conducted

Determine how
much reimbursable
activity is
performed

MAC Financial Data
Collection

Determine actual
costs associated
with these activities

MAC Claim
Calculation

Apply
reimbursement
rates (TS, MER,
IDCR) to calculate a
claim



Please be aware that failure to complete the RMTS requirements will result in **disqualification** for submitting MAC Financial Information for the quarter during which the non-compliance occurred.

Section I

MAC Participation Requirements



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Enrollment and Renewal



- Contracting instructions: <https://rad.hhs.texas.gov/medicaid-administrative-claiming/mac-contracting-information>
- Districts new to MAC must send completed and signed SPI, TIN Application, Vendor Direct Deposit, and Vendor Information Forms along with their active DUNS to CAPM_MedicaidAdministrativeClaimsContracts@hhsc.state.tx.us
- SPI, TIN, and VIF documents must be resubmitted when renewing MAC contract.

MAC Participation Requirements



- A MAC contract must be filed and executed with HHSC in order to enter financial expenditure information.
CAPM_MedicaidAdministrativeClaimsContracts@hhsc.state.tx.us
- Received appropriate MAC and RMTS training for the FFY
- Have a certified Participant List
- Appropriate financial information must be collected, entered and certified in order to calculate a claim.
 - The claim must be electronically or physically signed by an entity employee with signature authority, notarized, or and submitted to HHSC for payment.
- Copies of all signed documents and financial statements must be readily available to HHSC for review.

MAC Participation Requirements



- Public Entities must
 - Maintain Contact Information
 - RMTS Coordinator
 - MAC Financial Coordinator
 - Executive Director
 - Adhere to:
 - **RMTS Coordinator** Roles & Responsibilities as defined by HHSC staff and HHSC's MAC Participant Guide
 - **Financial Coordinator** Roles & Responsibilities as defined by HHSC
 - Electronically approve, sign off, scan and upload signed documentation agreeing to adhere to HHSC's MAC participant requirements and/or mandates

Documentation Requirements



- Complete the following:
 - Contract executed with HHS
 - Data Use Agreement (DUA)
 - Security and Privacy Inquiry (SPI)
 - Active Data Universal Numbering System (DUNS)
 - Application for Texas Identification Number
 - Vendor Direct Deposit Form
 - Vendor Information Form (VIF)
- Mac Contracts are renewed every 5 years based on enrollment date.
- Documents and instructions can be downloaded from the HHSC MAC website:
 - <https://rad.hhs.texas.gov/medicaid-administrative-claiming/mac-contracting-information>

MAC Contract & Data Use Agreement



Entity Agrees

1. To account for activities of staff providing Medicaid administration
2. To submit quarterly participation data through the cost reporting system
3. To provide expenditure information on a quarterly basis
4. To spend an amount equal to the federal match received on health related services for clients
5. To designate a liaison to work with HHSC
6. To comply with Health Insurance Privacy and Portability Act (HIPAA) regulations

HHSC Agrees

1. To pass on to the entities 95% of Title XIX federal share for Medicaid Administration
2. To reimburse allowable administrative costs at the appropriate FFP rate (50% or 75%)
3. To include the expenditures for Medicaid administration in the claim it submits to CMS
4. To designate a liaison to work with the entities
5. Comply with HIPAA regulations

Direct Deposit Form



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Direct deposit allows MAC reimbursements to be posted automatically to an entity's account instead of being issued as paper warrants sent by mail

- If not currently on direct deposit with the State, complete sections 1-6 to change financial institutions, change account number or type
- Section 2: Leave the boxes blank if you do not have your 11 digit Texas Identification number
- Section 3: Recommended to be completed by your financial institution

74-176
(Rev. 8-13-16)

Direct Deposit Authorization

This form may be used by vendors, individual recipients or state employees to receive payments from the state of Texas by direct deposit or to change/cancel existing direct deposit information.

[PRINT FORM](#) [CLEAR FIELDS](#)

Transaction Type

☐ New setup (Sections 2, 3, 4, 6 and 8) ☐ Change account type (Sections 2, 3, 4, 6 and 8)
☐ Change financial institution (Sections 2, 3, 4, 6 and 8) ☐ Cancellation (Sections 2 and 6 - Sections 7 and 8 for state agency use)
☐ Change account number (Sections 2, 3, 4, 6 and 8)

Payee Identification

☐ State employee ☐ Texas Identification Number (TIN) ☐ Individual Taxpayer Identification Number (ITIN) Mail code (if not known, leave blank.)
☒ Vendor or other recipient ☐ Employer Identification Number (EIN) ☐ Social Security Number (SSN) *

Payee name _____ Phone number _____ ext. _____
Mailing address _____ City _____ State _____ ZIP code _____

New Account Information (Setups and Changes) (Completion by financial institution is recommended.)

Financial institution name _____ City _____ State _____
Routing transit number (9 digits) _____ Customer account number (maximum 17 characters) _____ Type of account ☐ Checking ☐ Savings
Financial representative name (optional) _____ Title (optional) _____
Financial representative signature (optional) _____ Phone number (optional) _____ ext. _____ Date (optional) _____

Existing Account Information (Changes Only)

Routing transit number (9 digits) _____ Customer account number (maximum 17 characters) _____ Type of account ☐ Checking ☐ Savings

International Payments Verification (required)

Will these payments be forwarded to a financial institution outside the United States? ☐ YES ☐ NO
If "YES," also complete the ACH (Direct Deposit) Payment Destination Confirmation (Form 74-227).

Authorization for Setup, Changes or Cancellation (required)

I authorize the Texas Comptroller of Public Accounts to deposit my payments from the state of Texas to my financial institution electronically.
I understand that the Texas Comptroller of Public Accounts will reverse any payments made to my account in error.
I further understand that the Texas Comptroller of Public Accounts will comply at all times with the National Automated Clearing House Association's rules. (For further information on these rules, please contact your financial institution.)

Authorized signature _____ Printed name _____ Date _____
sign here ▶

Cancellation by Agency (for state agency use)

Reason _____ Date _____

Authorized Signature (for state agency use)

Signature _____ Date _____
Phone number _____ ext. _____ Agency number _____
Agency name _____
Comments _____

Please return your completed form to:

Vendor Information Form



The Vendor Information Form is required for every new contract, amendment, renewal, and extension. It indicates who is legally responsible as well as the point of contact for the contract.

- Part 2, #1 must contain the same information of the person that signed the executed contract

- Send the original, signed copy to HHSC:

CAPM_MedicaidAdministrativeClaimsContracts@hhs.c.state.tx.us

PCS 504

Texas Health and Human Services Commission
Vendor Information Form (VIF)

Instructions: This form must be completed and submitted with each new contract, amendment, renewal, and/or extension.
(Please type or print information.)

SECTION 1: Contractor's General Information

Legal Contractor's Name:			
Legal Doing Business As (DBA) Name:			
Physical Address:			
Remit To (Payment) Address:			
Enter one of the following:	<input type="checkbox"/> Texas Identification Number (TIN): <input type="checkbox"/> Federal Employer Identification Number (FEIN): <input type="checkbox"/> Social Security Number (SSN):		
Select the Legal Status:	<input type="checkbox"/> For-profit Entity <input type="checkbox"/> Non-profit Entity		
Select the Business Structure:	<input type="checkbox"/> Corporation <input type="checkbox"/> Joint Venture <input type="checkbox"/> Partnership*		
	<input type="checkbox"/> Limited (Liability) Company <input type="checkbox"/> Limited (Liability) Partnership <input type="checkbox"/> Sole Proprietorship		
	<input type="checkbox"/> Governmental Entity (must specify):		
	<input type="checkbox"/> Other (must specify):		
	* If Partnership, must provide SSN or TIN for minimum of two partners		
	Partner Name:	TIN or SSN:	
	Partner Name:	TIN or SSN:	
If applicable, enter appropriate information:	State of Incorporation:	Texas Charter Number:	Name of Parent Entity:

SECTION 2: Contractor's Contact Information

Person Who Will Sign the Contract		Point of Contact for Contract	
Name:		Name:	
Title:		Title:	
Mailing Address:		Mailing Address:	
Telephone:		Telephone:	
Fax:		Fax:	
E-mail:		E-mail:	

SECTION 3: Contractor's Authorized Signature (or HHSC Contract Manager)

Printed Name	Signature	Date	Phone Number

SECTION 4: PCS Contract Administration Office Use Only

Contractor to Receive Payment:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Contract Number:	

Effective Date: June, 2006 Revision Date: March 3, 2017

Texas Identification Number (TIN)



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Entities participating in MAC must have a Texas Identification Number (TIN).

- A TIN is required by the State Comptroller's Office for any entity who intends on billing agencies of the state government.
- Use of the number on all claims will reduce the processing time required by the state.
- Formerly the Payee Identification Number

Application for Texas Identification Number

• See instructions on back

1. Is this a new account? ☐ YES Mail Code 000 Complete Sections 1 - 5 ☐ NO Enter Mail Code Complete Sections 1, 2 & 5 Agency number

2. Texas Identification Number (TIN) - Indicate the type of number you are providing to be used for your TIN

☐ Employer Identification Number (EIN) (9 digits) Enter the number indicated

☐ Social Security number (SSN) (9 digits)

☐ Individual Taxpayer Identification Number (ITIN) (9 digits)

☐ Comptroller's assigned number (FOR STATE AGENCY USE ONLY) (11 digits)

☐ Current Texas Identification Number (FOR STATE AGENCY USE ONLY) (11 digits)

3. Are you currently reporting any Texas tax to the Comptroller's office such as sales tax or franchise tax? ☐ YES ☐ NO If "YES," enter Texas Taxpayer Number

Payee Information (Please type or print)

4. Name of payee (individual or business to be paid)

5. Mailing address where you want to receive payments

6. (Optional)

7. (Optional)

8. (Optional)

9. City State ZIP code

10. Payee telephone number (Area code and number) SIC code Security type code (0, 1, 2) Zone code

11. Ownership Codes - Check only one code by the appropriate ownership type that applies to you or your business.

☐ I - Individual Recipient (not owning a business)

☐ S - Sole Ownership (individual owning a business): If checked, enter the owner's name and Social Security number (SSN). Owner's name SSN / ITIN (9 digits)

☐ P - Partnership: If checked, enter two partner's names and Social Security numbers (SSNs). If a partner is a corporation, use the corporation's Employer Identification Number (EIN). Name SSN / ITIN / EIN (9 digits) Name SSN / ITIN / EIN (9 digits)

☐ L - Texas Limited Partnership: If checked, enter the Texas File Number

☐ T - Texas Corporation: If checked, enter the Texas File Number

☐ A - Professional Association: If checked, enter the Texas File Number

☐ C - Professional Corporation: If checked, enter the Texas File Number

☐ O - Out-of-State Corporation

☐ G - Governmental Entity

☐ U - State agency / University

☐ F - Financial Institution

☐ R - Foreign (out of U.S.A.)

☐ N - Other: If checked, explain.

12. Payment Assignment? ☐ YES ☐ NO Note: A copy of the assignment agreement between payees must be attached.

Assignee name

Assignee TIN

Assignment date

13. Comments

14. sign here Authorized signature (Applicant or authorized agent) Date

15. Agency name Prepared by Phone (Area code and number)

Primacy MAC Financial Contact Responsibilities



- Serve as financial liaison between HHSC & Fairbanks LLC
- Must attend MAC Financial Training at a minimum annually
- Enter, verify and certify the MAC financial data in STAIRS, print, sign, notarize, scan and submit or upload quarterly MAC financial reports
- Maintain financial documentation and supporting materials
- Must be listed as the primary MAC Financial Contact
- Must maintain the accuracy of ALL contacts in STAIRS

Training & Oversight



- Training
 - The MAC Financial Coordinator/Contact
 - ensures applicable training requirements are met
 - ensures compliance with policy directives
- Oversight/Monitoring
 - The MAC Financial Coordinator/Contact
 - Provides oversight and monitoring
 - Coordinates with the RMTS Coordinator/Contact
 - Ensures participant list data is accurate and appropriate for inclusion on the quarterly MAC Claim
 - Ensures financial data submitted for the quarter is true and accurate
 - Ensures appropriate documentation is maintained to support the time study and the claim
 - Takes immediate action to correct any findings that impact the accuracy of the claim.

Section II

Reportable Costs & Revenues



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Participant List/Reportable Cost



- In order to report Wage and Benefit Costs, eligible time study staff positions are added to the time study “Participant List” prior to each quarter.

Positions left off the Participant List who provide services that are not medically related and do not provide administrative services will be updated in Cost Pool 3.

Positions left off the Participant List who provide services that are not medically related and provide administrative services will be updated in Cost Pool 4.

- Positions listed on the Participant List must have costs entered.
 - These include federally funded positions
- Costs reported are “position-specific” not “person-specific.”
 - Substitutes - Individual replacing a provider on leave
 - Direct replacement - Individual hired to fill a vacant position

Participant List / Reportable Costs



- The Participant List
 - Drives the number of eligible MAC participants
 - Determines the MAC financial cost eligible for time study staff
 - Is critical to ensuring the MAC claim is eligible for payment

If a Participant List is not certified for a quarter by a public entity, the entity will not be able to participate in RMTS and will not be able to report MAC costs for that quarter.

What Cost Can I Report?



- Compensation
 - Entity Employee Salaries
 - Payroll Taxes & Benefits
 - Only Report “True” Expenditures
 - *If your entity sets funds aside for future Workers’ Comp claims then these “set aside” funds are not true expenditures.*
 - *This also includes “on behalf of” payments*
- Contracted Staff
- Revenues (*Federal Revenues offset expenditures*) – to include both **Recognized** and **Unrecognized**
- **Costs associated with implementing MAC projects:**
 - Travel and Training
 - Materials & Supplies
 - Equipment & Operating Cost

Employee vs Contracted Staff



- Providers hired by the public entity are classified as employees of the entity - Report salary as “Employee Salaries” and identify the employees’ “Payroll Taxes and Benefits.”
- Providers contracted through subcontracted agencies are classified as contract staff.
- Report cost as “Contracted Staff”

Employee Salaries



Report 100% of the quarterly salaries for **all** participants on the participant list.

Example: Position #85 had the following employee changes throughout the quarter:

A. Employee A works Jan 1st thru Jan 19th, earns \$800.

B. Substitute A works Jan 20th thru Feb 28th, earns \$1,200.

C. Employee B works March 1st thru March 31st, earns \$1,500.

D. The Total MAC Reportable Expenditure for Position #85 is
 $\$800 + \$1,200 + \$1,500 = \$3,500.$

Detailed Reporting: Payroll Taxes & Benefits



- Examples of Employer Paid Benefits:
 - Health Insurance
 - Life Insurance
 - Medicare
 - Social Security
 - Employer 403(b) Contribution
 - Liability Insurance
 - Worker's Compensation
 - Unemployment Compensation

Revenues



There are two types of revenues utilized on the MAC Claim:

- **Unrecognized Revenue:**

- *Revenues such as state funds (GR), Local Government Funds, Donations to Public Entity, Medicaid Administrative Reimbursement Funds (MAC), Federal Emergency Assistance Reimbursement Funds, Federal IV Reimbursement*
- *Unrecognized Revenues are used as a match to draw down MAC reimbursement funds*

- **Recognized Revenue:**

- *Federal Revenues such as Medicaid Fees plus Match, Federal Grants plus Match, Medicare, Insurance fees, Donations to Contractor, other Revenue not listed as Unrecognized Revenue*
- *Federal Revenues are used to offset costs entered into the MAC Claim.*

NOTE: MAC funds will not be backed out of the MAC Financial claim as a Revenue offset.

Revenue Cost Sharing/Matching



Cost sharing or **Matching** is a process wherein two or more organizations (State and Public Entity) work together to secure savings in one or more areas of business (i.e., client services).

Example: Funds used for program services (direct services and outreach activity) that meet the **matching requirements** of a federal grant Award (Medicaid/IDEA, etc.).

➤ *Matching requirements include the following:*

1. Amounts are verifiable from grantee's records.
2. Funds are not included as a matching source for any other federally assisted programs.
3. Funds are allocated in the approved current budget.
4. Funds are spent for the respective project as allocated and the expenditure of these funds are reported for the respective services.
5. Funds are subject to the same guidelines as the respective grant funds (i.e., no food, entertainment or legislative lobbying).

Financial Reporting



There are two options to enter financial data:

- **Participant Detail**
 - Detailed basis by individual position
- **Group Summary**
 - Provider category summary
 - Categories as entered on the participant list
 - If your entity enters at this level, they must keep the detail by position/individual in the audit documentation file

Detailed Worksheet

Physician Assistants & Interns

Bob	Employee
Joe	Employee
Mary	Contract Staff

Category Summary

Registered Nurse (RN)

Salaries	30,000
Benefits	6,000
Purchased Svcs.	8,000

Audit File Documentation by Quarter



File must contain:

- Copies of computations used to calculate financial costs
- Copies of worksheets or spreadsheets used to enter costs or revenues via STAIRS
- Listing of other costs
- All revenues offset from the claim, by source
- Updated participant list
- Copies of HHSC approved training materials as applicable
- Documentation verifying participant training as applicable
- Quarterly summary invoice (completed & signed)

MAC Financial Reporting



MAC financial quarters will not be opened unless the following requirements are met:

- Active contract with HHSC
- Appropriate MAC & RMTS training for the FFY
- RMTS requirements are met

If you are unable to access the quarter, please contact the MAC team via email at: MedicaidAdministrativeClaiming@hhsc.state.tx.us

Important Notice



LHDs participating in MAC:

- Please be aware that costs associated with MAC activities and claimed on the MAC claim cannot be included as part of the cost report submitted for reimbursement under the Texas Healthcare Transformation and Quality Improvement 1115 Waiver Program.

Important Dates for MAC Claim Submissions



Event Description	Open Date	Close Date
• 1st Quarter MAC Financials	05/10/2021	06/25/2021
• 2nd Quarter MAC Financials	08/02/2021	09/17/2021
• 3rd Quarter MAC Financials	10/25/2021	12/10/2021
• 4th Quarter MAC Financials	01/17/2022	03/04/2022

- All important information, notices, claim due dates, etc. can be found on the following website:
<https://rad.hhs.texas.gov/medicaid-administrative-claiming/>
- But also look on the Fairbanks home page in the Dashboard tab for updates and all the same information

Uses of MAC Reimbursements



As stated in the executed contract with HHS, the public entity agrees to spend the federal match dollars generated from Medicaid administrative activities for health-related services and the enhancement of the entity's Medicaid program.

It is recommended by HHSC that the funds are used for allowable MAC activities in order to increase services to Medicaid or prospective Medicaid clients. In the long run, reinvesting reimbursed funds in eligibility determination, outreach, provider relations and other MAC claimable activities will result in a higher return.

Break: Do not log out of your computer.
Please return in 10 minutes



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STAIRS/FAIRBANKS

STAIRS/FAIRBANKS Overview



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Section III

Important Reminders

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Quarterly Summary Invoice



- Signing the Quarterly Summary Invoice (QSI) certifies that the following items are true and correct:
 - The statement of expenditures has an authorized signature from the provider, has been completed to the best of the provider's knowledge and belief, is based on the actual cost of recorded expenditures, and that it is allocable and allowable to the State Medicaid program;
- Responsibility of Signing the QSI
 - The Provider understands that the information will be used as a basis for claims for federal funds and falsification and concealment of material fact may be prosecuted under Federal or State civil or criminal law.
 - The Provider understands that it must comply with HHSC Medicaid Administrative Claiming Guides and any policy directives given.

Quarterly Summary Invoice

Important Reminders



- Must be *original* QSI scanned into STAIRS
- Letterhead is not required
- Do not forget to complete all fields
 - Title and/or Contact Number
- Must be notarized on the same day the QSI is signed as certified
- Signature & Notary dates must be no earlier than the electronic cost report submission date
- Notary should not print name where Officer of Provider's name should be
- QSI Certification must be completed by the public entity's designated financial contact
 - Chief Executive Officer (CEO), Chief Financial Officer (CFO)
Executive Director (ED), Superintendent (SI) or other
individual designated as the financial contact.

Electronic Signature



HHSC accepts electronic signatures. Signed and notarized signatures are still accepted if the preparer and provider choose to submit them. HHSC will only accept a digital signature that shows the logo with a system-generated date and time stamp or includes the logo of the digital software used.

<https://rad.hhs.texas.gov/rate-analysis-digital-signature-policy>

Provider Signature	
Provider printed name: John Smith	Date: 11/23/2015
<div>John Smith</div> <div><small>Digitally signed by John Smith DN: cn=John Smith, o=Nurses 123, ou, email=johnsmith@nurses123.com, c=US Date: 2015.11.23 21:14:51 -06'00'</small></div>	
Provider Signature (<i>stamped signatures not accepted</i>)	

A digital signature **will not** be accepted by HHSC if the digital signature provided is any of the following, including, but not limited to:

- A photocopy of a handwritten signature
- An ink stamp of a handwritten signature
- A typed signature without a digital stamp

IMPORTANT REMINDERS



- Entities are responsible for ensuring that financial training requirements are met so that claims can be processed by HHSC.
 - Financial Contacts **must** be trained. The MAC program recommends a minimum of two (2) people trained in MAC Financials every year
- On your MAC Financials, if you notice a high variance between quarters on costs and/or number of providers, please feel free to submit variance explanations or supporting documents with the QSI. This will also assist HHSC in the Desk Review process.
 - Note that within the web-based system upon entering financial data the system will have internal “edits” based on variances seen from the previous quarter. At that time, the system will ask you for a brief explanation of the factors that contributed to the variance.

MAC Reimbursements

- Timeframe for reimbursement
- MAC reimbursements are Title XIX Medicaid administrative reimbursement funds
 - Not considered American Recovery and Reinvestment Act funds
 - Subject to the Single Audit Act
- Uses of MAC reimbursements
 - Enhance, improve, and/or expand the level and quality of health/medical services provided to all medicaid clients served by the provider



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Important Reminders for the Fairbanks System



- Passwords will not change year to year.
- If you forget your password, you can reset it at the log-in screen.
- Fairbanks can send log-in information to the email you provided
- You will be able to access historical data.
- Messages (Warnings) are just for your reference. They are highlighting areas where there may be an issue.
- All reference materials are linked on the Fairbanks website.
- If you have any questions regarding technical support, please call Fairbanks support line: 1-888-321-1225 or email at info@fairbanksllc.com.

Managing Contacts in STAIRS

- Only one primary contact for each role (RMTS, MAC, and Executive Director)
 - Does not have to be the same person
- Primary contacts can:
 - Add and/or delete contacts
 - Assign additional roles to contacts
 - Restrict access of trained contacts
- No limit to the number of secondary contacts in the system
 - Keep the system up-to-date



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Allowing Email Messages

- Communication is done predominantly via email
- Critical that your district authorize your email system to accept emails from Fairbanks and HHSC
 - Confirm with your IT staff to ensure that emails with the following extensions pass through firewalls and spam filters:
 - @fairbanksllc.com
 - @hhsc.state.tx.us
 - @hhs.texas.gov

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HHSC MAC Websites



Medicaid Administrative Claiming:

<https://rad.hhs.texas.gov/medicaid-administrative-claiming/mac-early-childhood-intervention-eci>

<https://rad.hhs.texas.gov/medicaid-administrative-claiming/mac-mental-healthindividuals-intellectual-and-developmental-disability-mhidd>

<https://rad.hhs.texas.gov/medicaid-administrative-claiming/mac-local-health-districts-lhd>

- ☐ Important Notices
- ☐ Participation Documents
- ☐ Time Study and MAC Guide
 - ☐ Link: <https://rad.hhs.texas.gov/sites/rad/files/documents/mac/ts-mac-guide.pdf>
- ☐ Training Materials

Texas Administrative Code (TAC)



- Link for the Texas Administrative Code (TAC) for the Medicaid Administrative Claiming (MAC) Program
- [https://texreg.sos.state.tx.us/public/readtac\\$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=1&pt=15&ch=355&rl=8095](https://texreg.sos.state.tx.us/public/readtac$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=1&pt=15&ch=355&rl=8095)

Common Acronyms



- CAPM – Contract Administration & Provider Monitoring
- CMS – Centers for Medicare & Medicaid Services
- DUA – Data Use Agreement
- FFP – Federal Financial Participation
- FFY – Federal Fiscal Year
- HHSC – Health and Human Services Commission
- HIPAA – Health Insurance Portability and Accountability Act
- ICA – Intergovernmental Cooperation Agreement
- MAC – Medicaid Administrative Claiming
- MER – Medicaid Eligibility Rate
- PL – Participant List
- QSI – Quarterly Summary Invoice
- RMTS – Random Moment Time Study
- SCOR# – System of Contract Operation and Reporting Number
- STAIRS – State of Texas Automated Information Reporting System (formerly known as Fairbanks)
- TIN – Texas Identification Number (formerly known as Texas Payee Identification Number)
- TS – Time Study

HHSC MAC Unit Contact Information

Mailing:

Health and Human Services Commission
Provider Finance Department, H-400
P.O. Box 149030
Austin, TX 78714-9030

Email:

MedicaidAdministrativeClaiming@hhsc.state.tx.us

Phone:

(512) 462-6200

Fax:

(512) 730-7475

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Additional Contact Information

Random Moment Time Study

Phone: (512) 490-3194

Email: TimeStudy@hhsc.state.tx.us

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TEXAS
Health and Human
Services

MAC Training

Polling Questions



TEXAS
Health and Human
Services

Question 1



What is the training requirement for the Primary MAC Financial Contact?

- A. Contacts must attend training each federal fiscal year
- B. Only the contact who enters the financials must train
- C. Training is required every other year
- D. None of the above

Question 2



When an entity's primary MAC financial contact changes, what action must be taken?

- A. Update and resubmit the contract to HHSC
- B. Update all contact information in STAIRS
- C. No action is required
- D. Both a & b

Question 3



Funds set aside for future Worker's compensation claims is a countable expense.

A. True

B. False

Question 4



Unrecognized Revenues are used as a match to draw down MAC reimbursement funds.

A. True

B. False

Question 5



Which of the following is **NOT** part of the MAC quarterly process?

- A. MAC Claim Calculation
- B. Random Moment Time Study
- C. Vendor Direct Deposit Form
- D. Participant List